

BIA - OFFICE OF TRUST SERVICES PATHWAYS INTERNSHIP PROGRAM

Conversion Checklist

Proposed Effective Date: _____		FPPS Request No. _____
EMPLOYEE AND POSITION INFORMATION		
Student Name (<i>First and Last</i>): _____		
Contact Phone and Email: _____		
Position Title, Series, Grade: _____		Position No.: _____
Region and/or Agency Name: _____		
Duty Station Location (City and State): _____		Org Code: _____

ATTACHMENTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Official Transcripts (Sealed)_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved Organization Chart_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Position Description_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Service Agreement (PCS, Student Loan, etc.) _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internship Completion Verification for Non-Competitive Conversion_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work Experience Hours Report_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Government Housing Available?_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are Relocation Expenses Authorized for Payment? _____

If yes, complete and attach the PCS Relocation Expense Worksheet.

OTHER ATTACHMENTS (must describe attachment)

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BACKGROUND INVESTIGATION ACCOUNTING DATA

Fiscal Year(s): _____	Notes:
Fund: _____	
Fund Center: _____	
Functional Area: _____	

IMPORTANT INFORMATION: The servicing HR Center for Recruitment and Placement HR staff will notify the requesting office contact when to create an SF-52 (Request for Eligibles) in FPPS/WTTS-EODS upon completion of the HR Classification process. Questions may be directed to your servicing HR Staffing Specialist in the Center for Recruitment and Placement. HR Employee Listing can be found at <http://iiaabqzucmw01p.ia.doi.net:16200/inside.indianaffairs/Org/AS-IA/OHCM/EList/index.htm>

REQUESTING OFFICE
Name: _____
Title: _____
Phone: _____

SERVICING HR OFFICE
Name: _____
Title: _____
Phone: _____

SEND THIS COMPLETE PACKAGE TO YOUR SERVICING HR OFFICE